497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

NAME OF FILER	**Date of This Filing** __10/16/2024__
Tatiana Yokoyama Bui for School Board 2024	

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*
(562)983-0815	1474131

Report No. __10-16-TYB__

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STREET ADDRESS

☐ **Amendment to Report No.** _____
(explain below)

CITY	STATE	ZIP CODE
Long Beach	CA	90802

No. of Pages __1__

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR *(IF COMMITTEE, ALSO ENTER I.D. NUMBER)*	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER *(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)*	AMOUNT RECEIVED
10/14/2024	California Federation of Teachers COPE Burbank, CA 91505 Committee ID # 741857 IN-KIND CONTRIBUTION	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		6,169.49 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

*Contributor Codes

IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Reason for Amendment: _____

FPPC Form 497 (Feb/2019)
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